ERROR CORRECTION REPORT PROCESSING INSTRUCTIONS
January 4, 1999

There are two error correction reports (ECR) (on suspense 97 days:)

- Edit Error Correction Report
- Duplicate Error Correction Report

- Corrections to an Error Correction Report (ECR) should be made in green ink, per Department of Health Services (DHS) key entry.

- Welfare Identification Number has 14 digits.

- Social Security Number (SSN) has 9 digits and is left justified in the Welfare Identification Number field. There should be five blanks to the right. The number on the new plastic swipe card is a SSN. Use the first 9 digits, drop the last (10th) digit.

- Client Index Number (CIN). If this is the only number the client has on the plastic ID card, treat it as a SSN, drop the last digit, retain the alpha and left justify in the Welfare ID field ignoring the sub columns.

- Diagnostic Code is a five digit code.

- Proof of Eligibility = POE (sticker)

- "X" override code will delete a client from the automated billing system for both Edit and Duplicate ECR's (requires no backup documentation.)

- "W" override code will override **only** an eligibility error message on the Edit Error Correction Report. The "W"override code should be used only when you are sure that the information on the ecr is correct and you have proof. The "W" override code should be used only as a last resort after all other avenues have been exhausted. **If using a "W" override with an SSN or CIN, you must include the county code and aid code in the first four positions of the correction field leaving the remainder blank. All "W" overrides will be audited by our Audit section. If there is no POE on file at the program, an audit exception will be taken.**

- Override codes "A" through "F" are late submission codes from Title 22. If ECR is affixed with a good cause code, a 'Good Cause Certification' letter ADP 6065 must be prepared and held by the provider or the county. For Edit ECR's only.

- "Y" override code will override multiple billing for same client; same day; same service. A "Multiple Billing Override Certification" form ADP 7700 must be prepared and held by the provider or the County. For Duplicate ECR's only.

- When information is correct, there should not be an entry in the correction field. The correction field is used for amending **incorrect** information only.

- "Units not equal to days" - Units of service cannot be increased unless a revised “Claim for Reimbursement” (Invoice - ADP 1592) is submitted along with the ECR, to ADP.

- If inappropriate corrections or override codes are used on an ECR, the Automated Billing System will ignore them. The suspended units will remain suspended for the remainder of the 97 days and become denied.

- Mode of Service - There are two different mode of service codes:

  - Mode 17 - Outpatient Clinic
  - Mode 12 - Hospital Outpatient Clinic

  Most Alcohol and Drug Treatment facilities are Mode 17. Only a clinic residing in a hospital would be a Mode 12.

- Discharge Code - should be left blank unless the client is discharged. A one (1) is the only code to be used for discharge.

  If an error is made, correct it with a 1 if the client is discharged. If the client was not discharged the field should be blank. If a correction to blank must be made, enter a lowercase b in the field and place a slash mark through it ( ).

MSD ERROR CODES (MAY 1992)

ERROR CODE	ERROR MESSAGE
01	BLANK

Eligibility worksheets (1584s) were submitted incomplete. Blanks were left on form when submitted (or key entry error).

Information that was missing on original submission can be entered on ECR in correction field. No override code is needed.

02 NOT VALID DATE

The date submitted on 1584s (month/year) was a later date than the current date; the date was not complete; or there was a key entry error.

Enter the correct Mo/Yr in the correction field.

03 INVALID CODE

This error might appear in any of five different fields; Program Code; Provider Code; Mode of Service; Service Function Code; Welfare ID/SSN or discharged. The entry on the 1584 may be an unidentified code or more/less numbers than required for a field.

If code was submitted incorrectly or key entry error, enter correct code in correction field. (ADP If program code is correct, check to ensure it is not a DMH provider (check DHS formatted dump.)

04 LATE SUBMISSION

The claim has been received at DHS past the ninety (90) day time limitation.

If claim was submitted after time limitation and was <u>not</u> because of "good cause," this claim must be denied by putting an "x" in the override code box.

If claim was submitted after time limitation and was because of "good cause," enter appropriate good cause code (see good cause codes in title 22) in override code box in order to get the claim approved.

NOTE: A "GOOD CAUSE CERTIFICATION" LETTER (ADP 6065) MUST BE PREPARED FOR ALL CLAIMS AND ECRs THAT HAVE BEEN AFFIXED WITH A "GOOD CAUSE" OVERRIDE CODE, AND HELD AT THE PROVIDER OR COUNTY.

05 NOT VALID DAY

The entry made in the "treatment dates" field is not valid.

Treatment date must always be entered in "first" column. For hardcopy (paper) claims an entry is not required in the "last" column. DHS data entry will duplicate the entry into the "last" column. Both fields must be completed on automated tape submissions.

The exception would be for methadone services. A range of dates must be used when applicable, therefore both fields must be completed at the program level on all claim submissions.

06 NOT NUMERIC

This message might appear in any of seven different fields. In some instances there could be letters instead of numbers in the field.

Units of service and total amount fields may require leading zero's. Enter corrected numbers in the correction field.

07 ZERO CLAIMED

Units of service and dollar amounts were submitted as zero.

Units of service and dollar amounts must be submitted. Computer will not accept zero. If units of service and dollar amount is zero, this is not a charge. Delete the claim by putting an "X" in the override code box.

08 MODE NOT AUTHORIZED

This message means the program code, service function code or mode of service are not appropriate for this particular provider.

Codes were either submitted incorrectly or there is a key entry error. If codes are incorrect, make corrections in the correction field.

ADP ONLY! IF CODES ARE INCORRECT ON THE DHS FORMATTED DUMP AND CAUSED THE CLAIM TO REJECT ON ECR, SEND A PROVIDER UPDATE TO DHS TO CORRECT THE FORMATTED DUMP SO THE CLAIMS CAN CLEAR THE AUTOMATED BILLING SYSTEM. WHEN THE FORMATTED DUMP HAS BEEN CORRECTED, HAVE THE PROVIDER RESUBMIT THE CLAIM/ECR.

09 INELIGIBLE IN MO/YR

Welfare ID#/SSN is not authorized in month/year of service claimed.

If client's ID number was submitted incorrectly or there is a key entry error, enter corrected ID number in correction field. If the mo/yr is incorrect, make correction in the correction field.

If there is no proof of eligibility (POE) in your records. Enter an "X" in the override code box to delete the client.
If the information on the ECR <u>is correct</u>, eligibility file is wrong, and you have POE to verify the client eligibility, "do not re-enter the information." Enter a "W" in the override box.

10 CONFLICTS WITH ELIGIBILITY FILE

The information provided (name, sex, year of birth) for the welfare ID#/SSN does not match the eligibility history file in the automated billing system maintained by DHS.

The information submitted for Welfare ID#/SSN; name; year of birth; or sex was incorrect or there was a key entry error. Verify the accuracy of the Welfare ID#/SSN against the POE. If numbers or name are incorrect, enter correction in the correction field. If name, sex, and/or year of birth are correct, DO NOT RE-ENTER IN THE CORRECTION FIELD.

If welfare ID/SSN is correct, and all other fields are also correct, submit the ECR to the Drug/Medi-Cal billing section along with a copy of the POE for the month/year suspended. (D/MC will do a comparison check through DHS to see why the claim is rejecting.)

11 NOT ON ELIGIBILITY FILE

The Welfare ID#/SSN does not appear on the DHS eligibility history file.

Verify the accuracy of the client's Welfare ID/SSN# against the POE. If the ID# was submitted incorrectly or a key entry error, make the required correction in the correction field.

If the client's ID#/SSN is correct, eligibility file is wrong, and you have POE, DO NOT RE-ENTER ID NUMBER. ENTER A "W" IN THE OVERRIDE FIELD.

IF CLIENT IS NOT ELIGIBLE, ENTER AN "X" IN THE OVERRIDE FIELD TO DELETE THE CLIENT FROM THE SYSTEM.

12 NOT ON PROVIDER FILE

Provider number is not on the approved payor list at DHS. (formatted dump); or the program code is incorrect.

If the provider number or program code is incorrect, make the correction in the correction field.

If the provider number and the program code are both correct, re-enter one of those numbers in the correction field. The claim will reject again on ECR giving the claim an additional 90 days on suspense. Notify ADP and the appropriate steps will be taken to have the DHS provider file updated.

If invoiced for Program Code (20, 25) for which you are not certified, a "Revised" invoice must be submitted for the Program Code for which you are certified.

13 PROGRAM NOT AUTHORIZED

Program code is not authorized for the provider as billed.

Verify the accuracy of the provider code and the program code. If the codes are incorrect, enter the corrected codes in the correction field.

If these codes are correct, contact ADP for assistance with this correction. If required, ADP will take the necessary steps to have the DHS payor list updated.

14 MODE NOT AUTHORIZED IN MO/YR

Claims have been submitted for months prior to Drug/Medi-Cal certification.

Verify provider code, program code, mode of service and service function code for accuracy. If any of the codes are incorrect, make the required correction in the correction field.

If all codes are correct according to your records, contact ADP for assistance.

15 NO SECONDARY MATCH

Welfare ID#/SSN does not match sex, name or year of birth that is on eligibility history file (EHF) maintained by DHS (two matches are required.)

Check POE to verify welfare ID#/SSN is correct and there is no key entry error. Verify correct spelling of name as it appears on the POE, sex and year of birth. If welfare ID#/SSN is incorrect, make correction in correction field. (usually if the Welfare ID#/SSN is incorrect, that is the only correction required). Make entries in the correction field for name; year of birth; or sex;, only if they are incorrect.

If <u>all</u> information is correct, return the ECR to ADP with a copy of the POE. ADP will ask DHS to check the eligibility history file to determine why the error has occurred and advise the program on the required action.

16 MO/YR OF SERVICE GREATER THAN RECEIPT DATE

The Month/Year of service provided on the ADP 1584 is greater than the Mo/Yr the claim was received by DHS. The date may have been provided incorrectly by the provider or there could be a key entry error.

If the month/year is incorrect enter the correct date in the correction field.

17 CLAIM TOO OLD FOR ELIGIBILITY CHECK BY WELFARE ID#

Claim is more than 18 months old and eligibility cannot be checked by the computer.

Verify the accuracy of the Welfare ID#/SSN for the month/year of service. If it is incorrect, make correction in correction field.

If claim is older than 18 months, the ID number is correct and provider has POE, DO NOT RE-ENTER ID NUMBER. Enter a "W" in the override code box to override the system (you must retain a copy of the POE when using the "W" override for future audits.)

18 CLAIM TOO OLD FOR ELIGIBILITY CHECK BY SSN

Claim is more than 16 months old and eligibility cannot be checked by the computer.

For action, see #17 above.

19 INVALID SERVICE FUNCTION CODE

The service function code as reported, by program code is not a service the provider is certified to provide.

If the provider has been certified to provide Drug/Medi-Cal services by ADP and your records indicate the program code, provider code and service function code are correct, please contact the Drug/Medi-Cal Section for instructions.

20 UNITS/SERVICE IS NOT <= UNITS OF TIME

(This message is for the Department of Mental Health only)

21 INVALID DRUG CODE

The reported Diagnostic code from the DSM III-R manual is not a drug or alcohol code.

Revue the diagnostic code as shown on the ECR for accuracy against the client record. If the code is incorrect, make the required correction in the correction field.

If the diagnostic code is correct, the client is not a primary alcohol or drug client. Enter an "X" in the override box to delete the client from the system.

22 DATE RANGE NOT ALLOWED

A claim has been submitted using a date range for services that are required to bill one unit of service per line; there is a data entry error for the service function code; the service function code field is blank; or the provider has submitted the service function code incorrectly.

If the service function code is incorrect, i.e., should have been 20 for methadone maintenance (OMM), enter 20 in the correction field.

If the service function code is correct for Daycare Habilitative (DCH) = 30, or Outpatient Drug Free (ODF) = 80 then the service days in the reported range will have to be corrected to reflect one service day and one unit of service. After this correction, the dollar amount will be incorrect and there is not a means to correct it. If the $ amount is more than the maximum allowable rate, the automated billing system will approve only that maximum $ amount. All units of service in the reported range on the original ADP 1584 cannot be reflected on the ECR. Therefore a new ADP 1584 must be submitted, with the remainder of the days in the original range, to ADP with "RESUBMISSION" written across the top along with a copy of the corrected ECR page.

The most accurate means of making a correction to this message is to enter an "X" in the override code box and delete the claim from the automated system. After the denied claims report has been received, resubmit the claim by writing one day of service and one unit of service per line on a new ADP 1584 marked resubmission. Submit a copy of the denied claims report with the resubmission. No further paper work is required.

23 UNITS OF TIME >96

(Department of Mental Health only)

24 TO DAY > FROM DAY

The date submitted in the treatment dates "last" field is greater than the "first" date or there is a key entry error.

If date entered in the "first" or "last" field is incorrect make the correction in the correction field. (the date entered in the "last" field can <u>never</u> be greater than the date entered in the "first" field).

25 UNITS NOT EQUAL TO DAYS

The reported units of service are not equal to the number of days in a range.

If the date range or the units of service are incorrect due to a key entry error, make the required corrections in the correction field.

If the reported date range is correct and the reported units are incorrect, enter the correct units in the correction field (making this change will result in the dollar amount being incorrect.) If the reported units are reduced to less than originally reported, a notation will be required on your original claim for the cost report settlement.

If the reported units are correct and the reported date range is incorrect, enter the correct date range in the correction field.

NOTE! INCREASING THE UNITS OF SERVICE ON AN ECR (FROM THE UNITS THAT WERE ORIGINALLY REPORTED ON THE ADP 1584) WILL REQUIRE THE COUNTY TO SUBMIT A REVISED ADP 1592 - CLAIM FOR REIMBURSEMENT TO ADP.

* 26 DUPLICATE SERVICE - NO OVERRIDE

The claim submitted is a duplicate service (either at the same facility or at another one) that is not permitted and there is no override.

The claim as submitted cannot be approved through the automated billing system. Review the fields for mo/yr of service, service days, units of service, and billed amount for accuracy. These are the only fields where corrections are permitted.

If any of these fields are incorrect, make the correction(s) in the correction fields. If the service days were submitted incorrectly or there is a key entry error, the correction to this field should allow the claim to be approved.

If fields are incorrect and there is no means for correcting them, enter an "X" in the override code field to delete the claim from the system. After the denied claim report has been received, resubmit a new ADP 1584 with the required corrections marked resubmission (must be accompanied by a copy of the denied claim report.)

If this claim is a true duplicate it must be deleted by entering an "X" in the override code box. If the approved service (affixed with two ** on each side

of the line) was billed by another provider it is the responsibility of the two providers to determine which facility should be billing D/MC for the service. If it is determined that the approved service was an erroneous billing by a provider, that facility must complete an ADP 5035 Disallowance by Provider form, send the pink copy to ADP and the original to the county for processing. After this disallowance has been documented, the claim may be resubmitted by the correct provider. When it is resubmitted it will again appear on a Duplicate ECR and the provider will be required to enter a "Y" in the override code box, prepare and file a Multiple Billing Override Certification (ADP 7700) make a special note of why this appears as a duplicate service, and a copy of the disallowance form (if possible.)

* 27 MULTIPLE SERVICE - OVERRIDE OK

Two services have been reported for the same service, same client, same day.

Review the approved claim line for accuracy (line with two ** on each side.) If this line has been approved in error, contact the D/MC section of ADP for assistance.

If the claim line (top line) on suspense has an error in the service days field, make the required correction in the correction field.

If the claim as reported is correct and it is a second service provided for that day, enter a "Y" in the override code field on the ECR, complete an ADP 7700 Multiple Billing Override Certification (to be signed by the county fiscal) and submit to the county.

28 GREATER THAN TWO OUTPATIENT SERVICES

Three or more claims have been submitted for the same client for the same service days.

The submission of more than one service per day should only occur on an occasional basis. The normal is one claim per day and services are all inclusive. Only the occasional instance where a client has been in for a session and is required to return again for an additional session later in the day should be billed.

NEVER ARE MORE THAN TWO VISITS ALLOWED ON ONE DAY!!

29 SERVICE FUNCTION NOT AUTHORIZED

The service as reported for program code; provider code; and service function code are not correct according to the payor list at DHS.

Review the codes for accuracy. If codes are incorrect enter corrections in the correction field.

If all codes are correct, contact ADP for assistance.

30 SERVICE NOT AUTHORIZED MO/YR

The reported service was not authorized for the Mo/Yr.

Review the reported Mo/Yr for accuracy. If it is incorrect make correction in the correction field.

*** THIS MESSAGE APPEARS ON DUPLICATE ECRs ONLY!!**

31 CONFLICT W/DATE CLAIM RECEIVED

DHS must fix this error. Call ADP for instructions.

32 MO/DATE GREATER THAN RECEIPT DATE

DHS must fix this error. Call ADP for instructions.

33 INVALID RECEIPT DATE

DHS must fix this error. Call ADP for instructions.